

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001194</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>04/25/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>OPHTHALMOLOGY AND SURGICAL INSTITUTE OF CENTRAL PENNSYLVANIA</b>  STATE LICENSE NUMBER: <b>18001501</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>5 TYLER COURT CARLISLE, PA 17013</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT	S 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					
TITLE:					
(X6) DATE:					

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001194</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>04/25/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>OPHTHALMOLOGY AND SURGICAL INSTITUTE OF CENTRAL PENNSYLVANIA</b>  STATE LICENSE NUMBER: <b>18001501</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>5 TYLER COURT CARLISLE, PA 17013</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	Continued from page 1  This report is the result of an occupancy survey completed on April 25, 2023, at Ophthalmology and Surgical Institute, which included new service Vitreoretinal Surgery, "Vitrectomy" is a type of eye surgery to treat various problems with the retina and vitreous. During the surgery, the surgeon removes the vitreous and replaces it with another solution. The vitreous is a gel-like substance that fills the middle portion of your eye. The Alcon Constellation Vision System is a multifunctional surgical instrument for use in anterior and posterior segment ophthalmic surgeries (vitrectomy). The product's capabilities include driving a variety of handpiece's that provide the ability to cut vitreous and tissues, emulsify the lens, illuminate the posterior segment of the eye, and apply diathermy to stop bleeding. Vacuum is used to remove ocular matter from the eye and is provided by connecting tubing from the handpiece to a port on the fluidics cassette. Irrigation/infusion capability is provided to replace fluid in the eye and enters the eye directly through either an infusion cannula or a handpiece. The Todorich Illuminated Depressors (TID) allows surgeons to simultaneously depress	S 0000			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001194</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>04/25/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>OPHTHALMOLOGY AND SURGICAL INSTITUTE OF CENTRAL PENNSYLVANIA</b>  STATE LICENSE NUMBER: <b>18001501</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>5 TYLER COURT CARLISLE, PA 17013</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	<p>Continued from page 2</p> <p>and perform unassisted transillumination of the peripheral eye wall while shaving the vitreous base and works in conjunction with the Alcon Constellation Vision System to provide safe and effective Vitreoretinal Surgeries.</p> <p>Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999 and the current edition of the Guidelines for Design and Construction of Outpatient Facilities.</p>	S 0000			



# Certified End Page

**OPHTHALMOLOGY AND SURGICAL INSTITUTE OF CENTRAL PENNSYLVANIA**

**STATE LICENSE NUMBER: 18001501**

**SURVEY EXIT DATE: 04/25/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY